EXHIBIT A

ACS's Designations	Medtronic's Counter-Designations	Medtronic's Objections[1]
B. Jendersee (Anwar v. AVE, 96-05323-M) July 7, 1997		
90:16-91:2	None	B, F, H, O, R
150:14-152:4	149:12-150:1	F, H, O, R
199:15-200:3	None	F, H, R
B. Jendersee (Anwar v. AVE, 96-05323-M) July 29, 1997		
54 :18-542:2	None	F, H, O, R
559:5-560:3	560:4-11	F, H, O, R
B. Jendersee (Anwar v. AVE, 96-05323-M) July 30, 1997		
737:5-738:9	None	F, H, O, S, R
B. Jendersee (Cordis v. ACS, 97-550-SLR) November 3, 1999		
43:25-44:5	44:7-10	B, F, H, O, R, S
61:8-22	None	F, H, O, R
B. Jendersee (Medtronic v. ACS, 98-80-SLR) May 6, 2004		
19:16-21	None	F, O, R
25:4-20	None	F, O, R, S
62:20-63:6	68:10-69:10; 78:17-79:10; 79:21-80:6; 86:3-11; 88:4-14	F, R, S, O
101:1-18	101:19-102:12	F, H, R, O
131:19-132:8	None	F, H, R, O, S
	78:17-79:10; 79:21-80:6; 86:3-11; 88:4-14	
B. Jendersee (Medtronic v. ACS, 98-80-SLR) May 7, 2004		
349:12-350:6	350:7-9; 351:13-352:2	F, R, O
375:4-9	None	F, R, O
	341:20-342:18; 344:15-345:2	
R. Lashinski (Cordis v. ACS, 97-550-SLR) August 11, 1999		
95 4-18	None	F, H, R, O, S, V
R. Lashinski (Cordis v. ACS, 97-550-SLR) August 12, 1999		
58 6-21	None	F, H, R
R. Lashinski (DiMassa v. Stertzer, 222363) March 21, 2002		
53 3-54:5	54:6-11; 55:7-14	F, H, R, O, S
R. Lashinski (Medtronic v. ACS, 98-80-SLR) May 3, 2004		
91 15-95:15	None	F, R, O
125:3-127:19	None	F, R, O
150:3-160:18	None	F, R, O
203:16-20	None	F, R, O
	130:13-131:22	
R. Lashinski (Medtronic v. ACS, 98-80-SLR) May 4, 2004		
408:21-409:15	None	A, F, H, R, O

[1] Medtronic objects broadly to ACS's use of testimony from prior, unrelated cases. Moreover, Medtronic will use the following codes for its objections: A = Requires authentication; B = Best evidence rule; F = Lack of foundation; H = Hearsay; O = Improper opinion testimony; R = Not relevant; S = Improper speculation; V = Vague/incomplete/unintelligible.

47 :22-472:4	472:5-5	F, H, R, O
	268:7-15; 301:19-302:8	

ORC 365579-1.052734.0040

EXHIBIT B

94 21

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HIGHLY CONFIDENTIAL

95 1 (The following part of the transcript is

95 2 non-Attorneys' Eyes Only.)

95 3 BY MR. TIMMONS:

95 4 Q Were there shortcomings in the Micro Stent

95 5 PL that led to the changes to the Micro Stent stent

95 6 itself?

95 7 A Yes.

95 8 Q What were those shortcomings in the PL?

95 9 A Based on limited clinical experience, mind

95 10 you, it was all mostly done through St. Paul's Hospital

95 11 in Vancouver. It appeared that the PL stent sometimes

95 12 was unstable in a vessel that was not adequately

95 13 predilatated or had nonsymmetrical plaque distribution.

95 14 Q Was it not stable due to the length of the
95 15 PL?
95 16 A Length, diameter, and surface interaction
95 17 are phenomenons that made it nonstable in those
95 18 environments that I spoke of earlier.
95 19 Q We have already discussed how you changed
95 20 the length from the PL to the Micro Stent. Was the
95 21 diameter of the PL changed, going to the Micro Stent?
95 22 A Diameter? Can you -- what diameter?
95 23 Specify.
95 24 Q All I'm trying to do is come back and
95 25 follow up on what you said.

HIGHLY CONFIDENTIAL

96 1 You said diameter was one of the factors
96 2 that relates to the stability of the PL. Now my
96 3 question is, did you change anything in that diameter
96 4 from the PL to the Micro Stent?
96 5 A The diameter I was referring to is the
96 6 vessel diameter. And for the Micro Stent the -- no. I
96 7 would say they were applicable to approximately the

same diameter vessels.

Q Okay. And you also mentioned surface interaction as one of the factors that goes into the stability of the stent. Did you change the surface interaction or try to somehow affect the surface interaction from the PL to the Micro Stent?

A No.

Q So the only change from the Micro Stent from the PL to the Micro Stent was the length of the stent itself?

MR. MEYER: Objection; mischaracterization.

THE WITNESS: Could you restate that.

BY MR. TIMMONS:

Q Was the only change from the PL to the Micro Stent this change we have already discussed about the functional length of the Micro Stent versus the PL?

A Yes. To the best of my recollection, that was the fundamental change.

Q Okay. You mentioned before the lunch

97 break that there was a considerable effort to use
97 flexible connectors to connect the elements of the
97 Micro Stent. Why were flexible connectors considered
97 to connect the Micro Stent?
97 A When we went from the Micro Stent PL to
97 the Micro Stent, we had suffered a loss in the system
97 flexibility in doing so, from going -- from
completely
97 unwelded to welded elements. And there was also the
97 necessity to have stents offered for full market sale
97 or full market release of even longer variations.
97 So to be able to accommodate those needs
97 and hopefully regain some of the flexibility that we
97 lost due to rigidly connecting these elements, there
97 was a project that was underway to investigate
flexible
97 connectors to join the 4-millimeter elements.
97 Q So two 4-millimeter PL elements placed
97 together would have been more flexible than two
welded
97 Micro Stent elements placed together?
97 MR. MEYER: Objection; hypothetical.
97 THE WITNESS: A stent system with two unwelded
97 form 4-millimeter elements is inherently more
flexible

EXHIBIT C

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SONOMA
---oOo---

RODOLFO DI MASSA, M.D.,
and KARL NIGG, INDIVIDUALLY
and on behalf of Stenticor
International, Inc.,

Plaintiff,

vs. No. 222363

SIMON STERTZER, M.D.; MICHAEL
BONEAU, AND MEDTRONIC ARTERIAL
VASCULAR ENGINEERING, INC., a
Delaware corporation, and DOES
- 25 and ROES 26-50,

Defendants.

and
STENTICOR INTERNATIONAL, INC.,
a California Corporation.

Nominal Defendant.
_____/

DEPOSITION OF ROBERT LASHINSKI
Thursday, March 21, 2001
(Pages 1 through 116)

Reported by:
DEBORAH E. JILKA
CSR. No. 5942

Page 50

Q. Was it your understanding that when you met with Michael Boneau in 1992, he was associated with ESS?
A. I don't specifically recall that at that time.
Q. At some point in time, you learned that Michael Boneau was associated with ESS in the 1992 time frame, correct?
A. That's probably correct.
Q. And the purpose of the meeting with Michael Boneau in 1992 was for you and the other members of AVE to evaluate the stent known as the Boneau stent; is that correct?
A. Those were the early discussions of the evaluation of the Boneau stent.
Q. Why don't you tell me what the purpose of the first meeting was with Michael Boneau in 1992.
A. Well, we discussed some of the manufacturing issues and challenges and materials, and probably properties, to the best of my recollection.
Q. And the purpose of these discussions was to determine whether or not AVE wanted to somehow invest or take an ownership interest in the stent known as the Boneau stent; is that correct?
A. From my perspective, I was not in that decision-making capacity. I was -- I was there just to learn more about the stent.

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Q. But was it your understanding that that's why the meeting was set up with Michael Boneau?
MR. SILBERFELD: At that time?
MS. ROSS: Right.
MR. SILBERFELD: Okay. If you had an understanding.
A. I would say it was to see if there was a relationship. You know, I don't remember exactly what the terms of your last question were, but I would say to see if there was a relationship between Michael Boneau and PET.
Q. And that relationship would center around the stent known as the Boneau stent; is that correct?
A. That is correct.
Q. Mr. Kulas has described in his deposition that Michael Boneau walked into that meeting with a shoe box containing all of the items related to the Boneau stent. Do you remember that?
A. I remember he came with a shoe box. I don't know if they were all of the items related to the Boneau stent.
Q. After walking in with this shoe box, can you tell me what went on from that point in time?
MR. SILBERFELD: You mean that day?
MS. ROSS: That day.

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MR. SILBERFELD: Okay.
A. Yes.
MS. ROSS: Q. Go ahead.
A. Well, first we had discussions related to things that I mentioned before, like material properties or compositions of the stainless steel that he thought were important for the stent; forming, some of the issues related to the forming that he had come across, and polishing; mechanical and electric polishing; some of the short falls of the stent. Talked a little bit probably about the relationship of the unsymmetrical crowns and segment lengths, just a general discussion. It was pretty limited. My estimation as to what he knew or what he was able to contribute about the stent at that point.
And from there, he said that he could make a stent. So based on our conversation, I didn't have a lot of faith in it. And so I turned him loose in our laboratory to take his shoe box and try to make a stent. And for the better part of an afternoon. Sort of looked in on him now and then to see if he was still at the bench doing his manufacture of his element.
And at the end of the day, what -- when I came back, I met with him, he was able to produce a very crude stent element and had a bunch of different reasons

Page 53

as to why he wasn't able to perfect it. That's to the best of my recollection how that day went.
Q. Okay.
So is it your testimony that the Boneau stent was in a very crude state at that point in time in 1992, when you were first evaluating it as part of AVE?
MR. SILBERFELD: You're talking about the one that he was shown at the end of that day?
MS. ROSS: Q. I'm talking about the Boneau stent in general, not just the one that was produced that day.
A. Yes.
Q. And the one that was produced that day, was that a stent that took several hours for Mr. Boneau to produce?
A. Yes.
Q. And after several hours, he was only able to produce one Boneau stent that day; is that correct?
A. I believe that's the case. He may have tried to form some others that broke or completely didn't work, but I think he had an element. I believe that's right.
Q. And was that element one that you thought could be used in a human artery?
A. I wouldn't put that in my dog.
Q. Why is that?

Page 54

A. Because it was far from actually being safe or effective, quite frankly. It had terrible recoil properties, no radial strength, no means of putting in a balloon catheter. Poor surface. Was assured of thrombose.

Q. Did you believe that the stent that was produced by Michael Boneau that day was representative of the other Boneau stents that he had previously produced?

MR. SILBERFELD: If you know.

A. I hadn't seen his other stents.

MS. ROSS: Q. At any point in time, did you see any other Boneau stents produced by Michael Boneau?

A. After that time I'd seen some other stents that he produced earlier.

Q. Were they in a better condition than the one that he produced on the day that he visited in 1992?

A. Maybe slight.

Q. Were any of them of a quality that you would -- that would be appropriate to insert into a human artery?

A. Not in my opinion.

Q. What was Michael Boneau's excuses on that day in 1992 for only being able to come up with a very crude stent element?

Page 55

MR. SILBERFELD: Objection. Assumes facts not in evidence, that there were excuses or excuses given.

A. He himself admitted that it was in very early development and needed to be finished engineered and have more sophisticated equipment to -- more accurately produce them.

Q. Did Mr. Boneau explain to you that for some reason on that day he was having particular problems, or did he seem to indicate that this was as good of a stent as he could produce at that point in time?

A. I don't remember specifically, but I know he was outside of his own laboratory. He was in our laboratory, so he may not have had all his tools available to him.

Q. Did he tell you that? Gee, this one's not quite as good as normal because I don't have all my tools?

A. No.

Q. Do you think that was, in fact, a problem that that stent he produced that day wasn't as good as the others because he didn't have all his tools?

MR. SILBERFELD: Objection. Calls for speculation.

MS. ROSS: Q. You can answer.

A. I don't know that.

Q. He did have his own forming device that day; is that correct?

Page 56

A. I'm not sure, but I believe that's the case, yes.

Q. You testified a few minutes ago that you did not have a lot of faith in the Boneau stent based on your conversations with Mr. Boneau. Why was that?

A. That's not what I testified to. If I did, it was wrong. I didn't have a lot of faith in him in his tech transfer, his discussion of the stent and its ability to be produced.

Q. Why not?

A. He just didn't have the mechanical engineering background to understand material properties or the potential physical limitations of stainless steel or machining. The concept was there, but the execution was lacking.

Q. What was your impression of Michael Boneau based on this meeting in 1992?

MR. SILBERFELD: Impression of what?

MS. ROSS: Q. Your impression of Michael Boneau in general.

MR. SILBERFELD: As a human being?

MS. ROSS: Q. No, not was he a nice guy, but was this guy capable of working on these type of stent devices that he was presenting to you?

Page 57

MR. SILBERFELD: Objection. Vague. If you understand the question, go ahead and answer.

MS. ROSS: Q. You can answer.

A. Sure, he was capable, but he didn't have the technical expertise to perfect it.

Q. Lee Kulas testified that Michael Boneau did not seem to have a lot of knowledge about the stent referred to as the Boneau stent during that visit. Would you agree with that?

MR. SILBERFELD: Assumes that that's what his testimony was. Is that what you want him to do?

MS. ROSS: Yes.

A. You have to be more specific. I can't answer that.

MS. ROSS: Q. Did Michael Boneau seem very knowledgeable about the stent product that he was showing to you on that day during this visit in 1992 at AVE?

A. He knew what he had visioned, but I don't believe that he knew how to manufacture one.

Q. Did he tell you who had been manufacturing them up to that point in time?

A. I believe it was himself, which is why they were such a disaster.

Q. After Michael Boneau left, is it true that

EXHIBIT D

IN THE DISTRICT COURT OF

DALLAS COUNTY, TEXAS

298TH JUDICIAL DISTRICT

CERTIFIED COPY

AZAM ANWAR, M.D., Individually and on behalf of ENDOVASCULAR SUPPORT SYSTEMS, INC., and BENITO HIDALGO, Individually and on behalf of ENDOVASCULAR SUPPORT SYSTEMS, INC., a California Corporation,

Plaintiffs,

vs.

ARTERIAL VASCULAR ENGINEERING, INC., a Delaware Corporation, SIMON H. STERTZER, M.D., GERALD DORROS, M.D., JOHN MILLER and BRADLY JENDERSEE,

Defendants.

NO. 96-05323-M

CONFIDENTIAL

DEPOSITION OF

BRADLY A. JENDERSEE

Monday, July 7, 1997

VOLUME I
Pages 1-231

Attorneys' Eyes Only
Pages 153-158,175-176
Under Separate Cover

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vice-president of regulatory clinical affairs.

Q. The first page of Exhibit 285 at the very top, it's titled "Design Checklist - Original Phase Summary." Underneath that it says, "Date: Development occurred between Q1-Q3 of 1993."

Do you see that?

A. Yes, I do.

Q. Are you aware of any development of the Boneau Stent that AVE undertook in the first quarter of 1993?

A. Of the Boneau Stent?

Q. Yes, sir. Or the Boneau II Stent.

A. I'm not familiar with exactly what those descriptions entail, but we were working on a version of the Boneau concept at that time.

Q. How would you refer to the type of stent that was in existence at the time that AVE acquired the assets of ESS?

A. I think in general, it was --

MR. MONACH: Objection. Objection. Vague as to time.

A. At the time that Mike Boneau came up to the company, I believe that his concept consisted of a stent that was approximately seven to eight millimeters in length that was a single device

mounted on a delivery system for the treatment of abrupt or threatened closure.

MR. RASCH: Q. Are you familiar with the distinction between the Boneau Stent and the Boneau II Stent?

A. No, I am not.

Q. Have you ever heard of the Boneau II Stent?

A. I've seen the name. I'm not familiar with exactly what that entails.

Q. Are you aware of any development undertaken by AVE in the first quarter of 1993 with respect to the stent that embodied the Boneau concept?

A. I believe I've testified in my last deposition that Mike Boneau came to the company to give us some idea of how he produced and manufactured the Boneau or the Boneau II -- I'm not certain which one -- device, and we set up a lab to start to evaluate the potential development of that based on -- excuse me -- our understanding that there was a pending agreement between AVE and ESS.

MR. TERRELL: Counsel, we're about to end now.

MR. RASCH: Sure.

MR. TERRELL: This marks the end of tape four

us on that learning curve a little bit sooner.

Q. Looking back in hindsight, Mr. Jendersee, do you see any benefit that AVE received as a result of purchasing the ESS stent technology other than starting on the learning curve about the regulatory process a little sooner?

MR. MONACH: I believe that mischaracterizes the witness's prior testimony. Would you read back the last answer, please?

A. Not starting on the regulatory process --

MR. RASCH: Q. I'm sorry?

A. -- but becoming familiar with what was involved in the regulatory process.

Q. Let me rephrase the question. Looking back in hindsight, sitting here today, do you see any benefit at all that AVE received from purchasing the ESS stent technology other than becoming familiar with the regulatory process sooner than AVE might have otherwise become familiar with it?

A. I mentioned regulatory, manufacturing, documentation, the functional and physical characteristics and features, performance characteristics. All of those were starting to be defined at that early development phase in the

company. And aside from that, at this time, I can't think of any additional benefit, no.

Q. Would another potential benefit be that AVE might not be able to market and manufacture any of its stent products today without -- if some other company had the Boneau Stent patent?

A. I don't believe that's the case, no. There are over 40 stents in Europe right now that are commercially marketed by a variety of different companies. So clearly, the opportunity to exist -- the opportunity existed for a company to develop technology that in no way related to the Boneau concept.

Q. Are you aware of any of those 40 stents that are being manufactured and sold abroad that you believe would violate or infringe the Boneau Stent patent if they were marketed in the United States?

A. That would be speculation on my part. I have nothing concrete to base my decision on and my answer on.

Q. Would it also be speculation to suggest that AVE could have come up with its own stent design without receiving the Boneau Stent technology?

A. No.

Q. Why is that?

A. Because we essentially developed a product from scratch as it was.

(Pages 153 through 158 are designated Confidential - Attorneys' Eyes Only and are sealed under separate cover)

Q. So again, you're unable to give us any rationale as to why 3,600 was selected, as opposed to, say, 4,600?

MR. MONACH: Objection. I think that's argumentative and mischaracterizes the testimony.

MR. RASCH: Q. You can answer.

A. I don't recall specifically. It could have been a number of things.

Q. What other things could it have been?

MR. MONACH: Objection. Calls for speculation. If you have a recollection of something, Mr. Jendersee, you should describe it. If you don't, don't guess.

A. All right.

MR. RASCH: Q. You said it could have been a number of things, and I'm just wondering are there other factors that you believe may have come into play here?

A. It may have been based on balloon revenues at that time and the fact that we had signed a very large contract with our Japanese distributor and the company was selling a lot of balloon product. And at that time, we had no success with the stent product, and as a matter of fact, we had pulled our first attempt at

commercializing the stent on the market. So that may have been a factor. I don't recall specifically.

Q. And the deal with the Japanese distributor that you just mentioned, that was the deal that was entered into in December of 1993; is that correct?

A. That's correct.

Q. And you're saying that the deal with the Japanese distributor on balloon catheters that was entered in December of 1993 may have come into play in selecting the number of 3,600 shares to Dr. Dorros, as opposed to some other number that was less than 20,000?

A. It's possible that at that time, based on -- I believe we had shipped over five million dollars of balloon product to our Japanese distributor sometime in mid to late 1994, and based on the fact that the MicroStent PL was not a viable product and was not a product that we could commercialize and we essentially had to go back to the drawing board with respect to any future designs to effectively create any opportunity in the coronary stent market, that it's possible that that would have been a consideration for the

EXHIBIT E

IN THE DISTRICT COURT OF

DALLAS COUNTY, TEXAS

298TH JUDICIAL DISTRICT

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AZAM ANWAR, M.D., Individually and on behalf of ENDOVASCULAR SUPPORT SYSTEMS, INC., and BENITO HIDALGO, Individually and on behalf of ENDOVASCULAR SUPPORT SYSTEMS, INC., a California Corporation,

Plaintiffs,

vs.

ARTERIAL VASCULAR ENGINEERING, INC., a Delaware Corporation, SIMON H. STERTZER, M.D., GERALD DORROS, M.D., JOHN MILLER and BRADLY JENDERSEE,

Defendants.

NO. 96-05323-M

DEPOSITION OF

BRADLY A. JENDERSEE

Tuesday, July 29, 1997

VOLUME III
Pages 479-699

CONFIDENTIAL
AVEA 441760

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for stent sales as early as June 30, 1994?

A. Not specifically, no.

Q. What about generally?

A. I think I testified previously that there may have been some stent royalties accrued based on some limited clinical evaluation samples of the MicroStent PL, and as you know and I believe I've testified to, that some of that product was sent out in late '93. So it's entirely possible. But as I mentioned also, that product was never commercialized, and it was removed from the market.

Q. So it's your belief that if this document is accurate and it reflects royalties that had accrued as of June 30, 1994, those would have been royalties from the sales of the MicroStent PL?

A. Absolutely.

Q. Are you aware of any sales of the MicroStent PL that took place after December of 1993?

A. I would assume there were some limited. Again, we never commercialized that product. That product was in clinical evaluations for a number of months, and ultimately, we determined that it was not a safe or effective product and we removed it

from the market. I believe that happened in early to mid 1994.

Q. So it would be your recollection that whatever sales of the MicroStent PL stent occurred would have been between December of '93 and when the product was discontinued in early to mid 1994?

A. I think that's correct, yes.

(Document more particularly described in the index marked for identification Plaintiffs' Exhibit No. 350)

Q. Let me show you, Mr. Jendersee, what's been marked as Exhibit No. 350 to your deposition and ask if you've ever seen this document before.

A. No, I have not.

Q. This is another document that's been produced by Coopers & Lybrand. Also, it's titled at the top "AVE Stent Royalty Calc," presumably calculations, "6/30/94." In the grid starting in the left-hand column at the top it says, "FY94 Stent Revenue," and then it says, "Product Code," and then there are some numbers and letters underneath "Product Code."

Do you see that?

A. Um-hum.

weaknesses, and that's why we started our development of the MicroStent II shortly after receiving that type of feedback from the early use of the MicroStent.

Q. And when did you first receive that feedback about the weaknesses of the MicroStent?

A. We knew that by the end of 1994.

Q. How did you receive that feedback?

A. Well, we knew from the evaluation of the MicroStent PL that that product had a tendency to migrate in the vessel. It wasn't a stable stent, due to the length of that particular design, and we knew that the MicroStent, being eight millimeters in length and having two eight-millimeter segments consisting of a 16-millimeter overall stent length that was not connected in the middle, knowing that the procedure involved the positioning of the stent at the midpoint of the lesion in the artery in deploying that stent, that there was a tendency for those two eight-millimeter segments to separate because they were not connected, thereby in effect, severely limiting the overall impact that the stent would have at supporting the lesion in that midpoint region between those two unconnected stent segments, and that was a severe limitation.

Clearly, a stent has to mechanically support the tissue. That's why a stent is implanted in the first place.

Q. And did you receive that feedback from some sort of clinical trials that were ongoing?

A. From the early testing, yes. But again, we knew that it still had some clinical benefits, but we knew that there would be a short-term -- or a long-term effect of having that separation occur within those two eight-millimeter segments, that it would not provide the best long-term outcome.

Q. Where were those clinical trials taking place that were providing that feedback to you?

A. Throughout Europe.

Q. Were they taking place in the Netherlands at that time?

A. I would have to review the documents. We did some clinical evaluation at another live demonstration course in Rotterdam in December. So there was some product usage in the Netherlands in late 1994.

Q. And what was the result of the live demonstration that you did in Rotterdam in late 1994?

A. It was along the same lines as what we

EXHIBIT F

IN THE DISTRICT COURT OF

DALLAS COUNTY, TEXAS

298TH JUDICIAL DISTRICT

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AZAM ANWAR, M.D., Individually and on behalf of ENDOVASCULAR SUPPORT SYSTEMS, INC., and BENITO HIDALGO, Individually and on behalf of ENDOVASCULAR SUPPORT SYSTEMS, INC., a California Corporation,

Plaintiffs,

vs.

ARTERIAL VASCULAR ENGINEERING, INC., a Delaware Corporation, SIMON H. STERTZER, M.D., GERALD DORROS, M.D., JOHN MILLER and BRADLY JENDERSEE,

Defendants.

NO. 96-05323-M

DEPOSITION OF

BRADLY A. JENDERSEE

Wednesday, July 30, 1997

VOLUME IV
Pages 700-752

Confidential Pages
743-748
Under Separate Cover

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to PET, do you have any opinion as to how that would affect the operations of AVE?

A. I'm not going to speculate on that either.

Q. Mr. Jendersee, do you have any opinion in terms of dollars and cents as to what the value was of the stent technology that was transferred from ESS to AVE at the time of the approval of the transaction by the ESS board on August 5, 1993?

A. Approval by the shareholders?

Q. What I was referring to is the approval by the board of directors of ESS on August 5, 1993.

A. Oh, on August 5? I don't recall specifically.

Q. Do you have any general opinion as to what the value of the stent technology was at that time in terms of dollars and cents?

MR. MONACH: Objection. Vague.

A. The value of the stent technology?

MR. RASCH: Q. Yes, sir.

A. In August of 1993?

Q. Yes, sir.

A. It was of no value.

Q. Your opinion is that the value of the

stent technology was zero?

A. I think that it's been demonstrated that ESS tried to sell that technology to a number of companies and nobody was interested. The company had accumulated debt. They had a letter from the FDA, a cease and desist. They had implanted devices without product-liability insurance. I think we've been through all of this before, and no, sir, I don't think that there was value.

Q. Mr. Jendersee, what is your approximate net worth?

MR. MONACH: You don't need to answer that, Mr. Jendersee.

MR. RASCH: Andy, I would urge you to reconsider. I think under Texas law that information's clearly discoverable at this point.

MR. MONACH: Under California law it clearly is not, unless and until you make some prima facie showing that you're going to be entitled to punitive damages, and what I would suggest under the circumstances, since this does affect two cases, is that if you are, in fact, absolutely entitled to it at this time under Texas law, we'll provide you something in writing, a declaration, whatever, that would only be admissible in Texas,